

		FOR BHF USE					

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2005  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT FOR  
LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2005)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0014258

Facility Name: Anchorage of Bensenville

Address: 111 E. Washington Street Bensenville 60106  
Number City Zip Code

County: Du Page

Telephone Number: 630-766-5800 Fax # 630-860-5130

HFS ID Number: 36-2166970-001

Date of Initial License for Current Owners: 09/03/1905

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT  
☒ Charitable Corp.  
☐ Trust  
IRS Exemption Code 501©3

☐ PROPRIETARY  
☐ Individual  
☐ Partnership  
☐ Corporation  
☐ "Sub-S" Corp.  
☐ Limited Liability Co.  
☐ Trust  
☐ Other

☐ GOVERNMENTAL  
☐ State  
☐ County  
☐ Other

In the event there are further questions about this report, please contact:  
Name: Donald Primdahl Telephone Number: 630-521-8034

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/04 to 06/30/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) _____
	(Type or Print Name) Thomas L. Noesen, Jr. (Date) _____
	(Title) Treasurer
Paid Preparer	(Signed) _____
	(Date) _____
	(Print Name and Title) _____
	(Firm Name & Address) _____
	(Telephone) ( ) Fax # ( )
MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	

Facility Name & ID Number      Anchorage of Bensenville

#    0014258      Report Period Beginning:    07/01/04      Ending:    06/30/05

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

1	2	3	4		
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period		
1	129	Skilled (SNF)	129	47,085	1
2		Skilled Pediatric (SNF/PED)			2
3	96	Intermediate (ICF)	96	35,040	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	225	TOTALS	225	82,125	7

B. Census-For the entire report period.

1	2	3	4	5		
Level of Care	Patient Days by Level of Care and Primary Source of Payment					
	Medicaid Recipient	Private Pay	Other	Total		
8	SNF	11,703	3,911	6,384	21,998	8
9	SNF/PED					9
10	ICF	23,404	9,302		32,706	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,107	13,213	6,384	54,704	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)      66.61%

D. How many bed-hold days during this year were paid by the Department?  
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)  
Staff Food Services, Outpatient Therapy

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES ☒ NO ☐

I. On what date did you start providing long term care at this location?  
Date started 1953

J. Was the facility purchased or leased after January 1, 1978?  
YES ☐ Date                      NO ☒

K. Was the facility certified for Medicare during the reporting year?  
YES ☒ NO ☐ If YES, enter number of beds certified 45 and days of care provided 6,384

Medicare Intermediary Adminastar Federal, Inc.

IV. ACCOUNTING BASIS  

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 06/30/05 Fiscal Year: 06/30/05

\* All facilities other than governmental must report on the accrual basis.

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	503,205	35,783	245,429	784,417	8,207	792,624		792,624			1
2	Food Purchase		440,580		440,580	(49)	440,531	(99,061)	341,470			2
3	Housekeeping	240,729	35,422		276,151	1,059	277,210		277,210			3
4	Laundry	54,394	17,129	82,875	154,398	69	154,467		154,467			4
5	Heat and Other Utilities			330,052	330,052		330,052		330,052			5
6	Maintenance	159,097	33,691	125,399	318,187	533	318,720		318,720			6
7	Other (specify):*											7
8	TOTAL General Services	957,425	562,605	783,755	2,303,785	9,819	2,313,604	(99,061)	2,214,543			8
	B. Health Care and Programs											
9	Medical Director			27,965	27,965		27,965		27,965			9
10	Nursing and Medical Records	3,128,711	466,896	128,277	3,723,884	(10,264)	3,713,620		3,713,620			10
10a	Therapy	54,900		501,671	556,571		556,571		556,571			10a
11	Activities	115,906	2,005	27,120	145,031	(1,152)	143,879	(7,956)	135,923			11
12	Social Services	152,667	147	3,509	156,323		156,323		156,323			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,452,184	469,048	688,542	4,609,774	(11,416)	4,598,358	(7,956)	4,590,402			16
	C. General Administration											
17	Administrative	74,413			74,413	189,782	264,195		264,195			17
18	Directors Fees											18
19	Professional Services			1,136,824	1,136,824	(239,709)	897,115	(672,014)	225,101			19
20	Dues, Fees, Subscriptions & Promotions			8,543	8,543	394	8,937	(4,244)	4,693			20
21	Clerical & General Office Expenses	155,453	34,711	248,189	438,353	25,237	463,590	(106,166)	357,424			21
22	Employee Benefits & Payroll Taxes			1,147,618	1,147,618	25,786	1,173,404		1,173,404			22
23	Inservice Training & Education											23
24	Travel and Seminar			8,029	8,029	855	8,884		8,884			24
25	Other Admin. Staff Transportation			191	191	214	405		405			25
26	Insurance-Prop.Liab.Malpractice			171,985	171,985		171,985		171,985			26
27	Other (specify):*											27
28	TOTAL General Administration	229,866	34,711	2,721,379	2,985,956	2,559	2,988,515	(782,424)	2,206,091			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,639,475	1,066,364	4,193,676	9,899,515	962	9,900,477	(889,441)	9,011,036			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.  
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			334,157	334,157		334,157	(871)	333,286			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			170,833	170,833		170,833		170,833			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			85,429	85,429	(85,429)						35
36	Other (specify):*											36
37	TOTAL Ownership			590,419	590,419	(85,429)	504,990	(871)	504,119			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		5,343	8,629	13,972	83,181	97,153		97,153			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops					1,286	1,286		1,286			41
42	Provider Participation Fee			123,188	123,188		123,188		123,188			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		5,343	131,817	137,160	84,467	221,627		221,627			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,639,475	1,071,707	4,915,912	10,627,094		10,627,094	(890,312)	9,736,782			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(99,061)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(5,857)	11		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(871)	30		9
10	Interest and Other Investment Income	(7,918)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(2,099)	11		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(106,166)	21		24
25	Fund Raising, Advertising and Promotional	(4,244)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See 5 A	(668,014)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$(894,230)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B) )	\$(894,230)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops	X		1,286	2	40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program	X		79,683	VAR	44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$80,969		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Allocated G 7 A Not Allowed - Schedule VIII-B	\$ (648,475)	19	1
2	Legal Expenses not Allowed	(19,539)	19	2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
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31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(668,014)		49

## Summary A

06/30/05

[illegible]





VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bensenville Home Society	100	Anchorage of Beecher	Beecher	Lifelink Area		Independent
Lifelink Corporation (BHS Parent)	100	Pine Acres Care Center	DeKalb	Housing	Various	Living
				Bridgeway of		Independent
				Bensenville	Bensenville	Living
				Lifelink Charities	Bensenville	Fund Raising
				Lifelink Services	Bensenville	Proj. Devel.
				See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Management Fees	\$ 5,761	Lifelink Corporation (Corporate Health Care)	100.00%	\$ 1,761	\$ (4,000)	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 5,761			\$ 1,761	\$ * (4,000)	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	NO COMPENSATION IS PAID TO ANY OWNERS, RELATIVES OR BOARD MEMBERS								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number      Anchorage of Bensenville      #    0014258    Report Period Beginning:      07/01/04      Ending:    06/30/05

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)      YES ☒      NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization      LIFELINK CORPORATION  
Street Address      331 S. YORK ROAD  
City / State / Zip Code      BENSENVILLE, IL. 60106  
Phone Number      ( 630) 521-8034  
Fax Number      ( 630) 521-8067

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	17	ADMINISTRATION	DIRECT PROG. COST	66,207,782	12	\$ 1,182,362	\$ 1,182,362	10,627,094	\$ 189,782	1
2	19	PROFESSIONAL SERVICES	DIRECT PROG. COST	66,207,782	12	243,935		10,627,094	39,154	2
3	20	FEES, SUBSCRIPTIONS, PROM	DIRECT PROG. COST	66,207,782	12	2,242		10,627,094	360	3
4	21	GEN. OFFICE EXPENSE	DIRECT PROG. COST	66,207,782	12	61,993		10,627,094	9,951	4
5	22	EMP. TAXES & BENEFITS	DIRECT PROG. COST	66,207,782	12	235,289		10,627,094	37,767	5
6	24	TRAVEL & SEMINARS	DIRECT PROG. COST	66,207,782	12	5,326		10,627,094	855	6
7	25	OTHER STAFF TRANS.	DIRECT PROG. COST	66,207,782	12	1,332		10,627,094	214	7
8	35	RENTAL EQUIPMENT	DIRECT PROG. COST	66,207,782	12	1,514		10,627,094	243	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,733,993	\$ 1,182,362		\$ 278,326	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense			
		YES	NO				Original	Balance						
	A. Directly Facility Related													
	Long-Term													
1			X	REFINANCE MORTGAGE	***	***	\$	***	\$	***	***	\$	170,833	1
2				AND CASPITAL PROJECTS										2
3														3
4														4
5														5
	Working Capital													
6														6
7														7
8														8
9	TOTAL Facility Related						\$		\$			\$	170,833	9
	B. Non-Facility Related*													
10														10
11				*** SEE ATTACHED										11
12														12
13														13
14	TOTAL Non-Facility Related						\$		\$			\$		14
15	TOTALS (line 9+line14)						\$		\$			\$	170,833	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 0      Line #

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

## B. Real Estate Taxes

**Important**, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2004 report.	\$ 0	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$ 0	2
3. Under or (over) accrual (line 2 minus line 1).	\$ 0	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)	\$ 0	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$ 0	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$ 0	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$ 0	7

### Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	<b>2000</b>	<b>0</b>	<b>8</b>
	<b>2001</b>	<b>0</b>	<b>9</b>
	<b>2002</b>	<b>0</b>	<b>10</b>
	<b>2003</b>	<b>0</b>	<b>11</b>
	<b>2004</b>	<b>0</b>	<b>12</b>

	<b>FOR OHF USE ONLY</b>	
<b>13</b>	FROM R. E. TAX STATEMENT FOR 2004 \$	<b>13</b>
<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$	<b>14</b>
<b>15</b>	LESS REFUND FROM LINE 6 \$	<b>15</b>
<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$	<b>16</b>

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Anchorage of Bensenville COUNTY Du Page

FACILITY IDPH LICENSE NUMBER 0014258

CONTACT PERSON REGARDING THIS REPORT Donald Primdahl

TELEPHONE 630-521-8034 FAX #: 630-521-8067

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	03-24-100-008	Nursing Home & Corp. Offices	\$ 0	\$ 0
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 139,890

B. General Construction Type: Exterior Brick Frame Number of Stories 1

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

BENSENVILLE HOME SOCIETY'S CHILD & FAMILY SERVICES/NORTH HOUSE BUILDING - OFFICE SPACE & HEAD START CLASSROOMS (51,307 SQ. FT.)

LIFELINK AREA HOUSING'S CASTLE TOWERS - LOW INCOME SENIOR CITIZENS & HANDICAPPED APARTMENTS (110,000 SQ. FT. - 149 UNITS)

BENSENVILLE HOME SOCIETY'S MEADOW CREST UNITS - TOWN HOMES FOR SENIOR CITIZENS (12,500 SQ. FT. - 4 BUILDINGS / 13 UNITS)

BRIDGEWAY OF BENSENVILLE - CCRC FOR SENIOR CITIZENS (206,400 SQ. FT. - 160 UNITS)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Long Term care	789,200	Pre 1900	\$ 14,628	1
2					2
3	TOTALS	789,200		\$ 14,628	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	41		1953	1953	\$ 542,515	\$ 8,346	30	\$	(8,346)	\$ 542,515	4
5	137		1975	1975	3,200,989	80,024	40	80,024		2,354,323	5
6	47		1977	1977	906,521	22,663	40	22,663		634,565	6
7			1985	1985	148,230	4,941	30	4,941		98,820	7
8			1995	1995	789,192	37,007	30	26,306	(10,701)	286,937	8
	Improvement Type**										
9	1985 ADMINISTRATION BLDG. RENOVATION			1985	278,553	6,964	40	6,964		245,275	9
10	1986 ADMINISTRATION BLDG. RENOVATION			1986	21,464	537	40	537		17,801	10
11	Unit E Renovation			1957	4,240	65			(65)	4,240	11
12	Unit E Renovation			1975	260,929					260,929	12
13	Building Improvement			1978	11,519					11,519	13
14	Unit D Improvement			1978	15,183	380			(380)	15,183	14
15	Unit E Improvement			1978	5,317					5,317	15
16	Flag Pole			1979	537					537	16
17	Unit A Improvement			1979	2,000	56			(56)	2,000	17
18	Building Improvement			1980	12,975					12,975	18
19	Walk and Road Improvements			1980	11,941					11,941	19
20	Unit E Improvement			1980	9,609					9,609	20
21	Hatco Booster Heater Repairs			1980	1,010					1,010	21
22	Install Wire Shelving in Kitchen			1981	696					696	22
23	Kitchen and Boiler Room Improvements			1981	77,047					77,047	23
24	Patch Roof Center Court			1982	18,225					18,225	24
25	Driveway Improvements-Service Area			1982	4,771					4,771	25
26	Parking lot Improvements-Unit E			1982	1,660					1,660	26
27	Custom Draperies Unit C			1982	1,031					1,031	27
28	Heating System Unit E			1982	4,035					4,035	28
29	Driveway Improvements			1983	17,447					17,447	29
30	Kitchen Remodeling			1983	2,228					2,228	30
31	UNIT E HVAC AND PIPING			1983	11,290		20			11,290	31
32	Boiler Installation			1984	40,657					40,657	32
33	Oxygen Concentrator			1984	1,300					1,300	33
34	Dining Room Remodeling			1985	30,461					30,461	34
35	Unit E Lounge Remodeling			1985	20,349					20,349	35
36	Commpressor for Units A & B			1985	2,219					2,219	36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Dietary Dock Improvements	1985	\$ 1,700	\$		\$	\$	\$ 1,700	37
38 Duct Work - Laundry	1985	888					888	38
39 Ainstallation of Kiln - Activities	1985	1,555					1,555	39
40 Unit E Building	1986	619					619	40
41 Kitchen Tile	1986	1,985					1,985	41
42 Carpeting Unit A Lounge	1986	493					493	42
43 Door Frame for Kitchen	1987	1,020					1,020	43
44 New Roof for Units B and C	1987	144,167					144,167	44
45 Repair Shower Walls Units B and C	1987	4,244					4,244	45
46 ADMINISTRATION RENOVATION	1987	2,318	58	40	58		1,071	46
47 Boiler Tube Replacement	1988	6,360					6,360	47
48 Two Way Radios-Resident Van	1988	1,830					1,830	48
49 New Roof for Units B and C	1988	2,575					2,575	49
50 Partial Renovation - Chaplins Office & Mkt Place	1988	7,114					7,114	50
51 Floor Repairs	1988	3,055					3,055	51
52 Installation of Cooling Unit	1988	23,000					23,000	52
53 Fabricate and Paint Walls Mkt. Place & Conf. Rm	1988	1,207					1,207	53
54 Dining Room Sound System	1988	522					522	54
55 Installation of Sound System - Activities	1988	4,374					4,374	55
56 SIDEWALK AND PAVEMENT REPAIR	1988	14,491		20	725	725	12,320	56
57 Unit E Kitchenette Repairs	1989	1,658					1,658	57
58 Center Lounge Renovation - Carpeting, Painting	1989	16,876					16,876	58
59 Trash Compactor	1989	9,117					9,117	59
60 Retile Resident Rooms	1989	1,152					1,152	60
61 Remove and Replace Tile - Kitchen	1989	7,212					7,212	61
62 ASPHALT REPAIRS	1989	49,263		16	3,079	3,079	46,185	62
63 CONCRETE REPAIRS	1989	31,335		20	1,566	1,566	25,064	63
64 UNITS C/D APPOLO BATH TUBS	1989	23,824		15			23,824	64
65 New Roof for Units A and E	1990	140,927					140,927	65
66 Repairs to Units A & D	1990	4,783					4,783	66
67 Partial Sun Shade Unit D	1990	5,288					5,288	67
68 Renovation of Unit D Tubroom	1990	2,205					2,205	68
69 Replace Part of Carpeting in Lounge	1990	528					528	69
70 TOTAL (lines 4 thru 69)		\$ 6,973,825	\$ 161,041		\$ 146,863	\$ (14,178)	\$ 5,253,830	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,973,825	\$ 161,041		\$ 146,863	\$ (14,178)	\$ 5,253,830	1
2	Automatic Sliding Door	1990	11,116					11,116	2
3	Sound System - Dining Room	1990	5,207					5,207	3
4	Hot Water Tank Burner - Laundry	1990	3,948					3,948	4
5	CONCRETE REPAIRS	1990	2,455		20	123	123	1,845	5
6	ROOF REPAIRS UNITS A/E	1990	13,011		8			13,011	6
7	FITTING FOR DIESEL FUEL TANK	1990	2,965		20	148	148	2,221	7
8	UNIT E ELECTRIC PANEL	1990	12,692		20	635	635	9,525	8
9	BOILER ROOM REPAIRS	1990	4,726		20	236	236	3,541	9
10	ELECTRIC PANEL FOR EMERGENCY GENERATOR	1990	6,290		20	314	314	4,711	10
11	LAUNDRY RENOVATION	1990	243,583		20	12,179	12,179	177,611	11
12	Rubber Adhered Roofing	1991	45,180					45,180	12
13	Installation Two Ton Cooling System - Laundry	1991	1,200					1,200	13
14	HVAC UPGRADE	1991	110,268		20	5,513	5,513	76,264	14
15	BACK FLOW PREVENTERS	1991	3,953		10			3,953	15
16	UNIT D HEAVY DUTY LIFTER	1991	1,275		15	85	85	1,190	16
17	HVAC UPGRADE	1992	32,784		20	1,639	1,639	22,947	17
18	REMODEL ICECREAM PARLOR	1992	11,388		20	569	569	7,966	18
19	MARKET PLACE/MURAL RENOVATION	1992	7,824		20	391	391	5,476	19
20	HANDICAPPED RAMPS	1992	55,125		10			55,125	20
21	REDECORATE UNITS A/E & CENTER LOUNGE	1992	15,439		8			15,439	21
22	REDECORATE ADMIN. OFFICE/CONF. ROOM	1992	8,290		8			8,290	22
23	GAS PIPING FOR LAUNDRY	1992	2,093		25	84	84	1,112	23
24	BIRD AVIARY	1992	6,780		10			6,780	24
25	REDECORATE STAFF DINNING ROOM	1992	5,852		8			5,852	25
26	ICECREAM PARLOR CABINETS AND SINK	1992	3,239		20	162	162	2,160	26
27	CONCRETE REPAIRS	1993	5,465		20	273	273	3,550	27
28	INSTALL HVAC EQUIPMENT - MAINTENANCE	1993	15,570		20	779	779	9,866	28
29	INSTALL TILE - COMMON AREA	1993	15,647		8			15,647	29
30	BEATY SHOP RENOVATION	1993	21,100		8			21,100	30
31	ELECTRICAL WIRING - BOILER	1993	4,200		20	210	210	2,643	31
32	HEAVY DUTY DRAPES AND RODS	1993	2,887		10			2,887	32
33	UNIT C ELECTRIC LOCKING DOORS	1993	6,385		10			6,385	33
34	TOTAL (lines 1 thru 33)		\$ 7,661,762	\$ 161,041		\$ 170,203	\$ 9,162	\$ 5,807,578	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,661,762	\$ 161,041		\$ 170,203	\$ 9,162	\$ 5,807,578	1
2	UNIT D CORRIDOR REDECORATION	1993	23,595		8			23,595	2
3	LAUNDRY MAGNETIC DOOR HOLDER	1993	500		10			500	3
4	CHAPEL RENOVATIONS	1993	41,100		8			41,100	4
5	RENOVATE FAMILY DINNING ROOM	1993	6,475		8			6,475	5
6	KITCHEN WIRING AND FLOOR REPAIR	1993	1,068		8			1,068	6
7	WALK-IN FREEZER COIL	1993	2,699		8			2,699	7
8	6 X 4 LAMP FIXTURES - REHAB/ACTIVITIES	1993	1,113		10			1,113	8
9	ACTIVITIES KILN VENT	1993	5,070		10			5,070	9
10	REPLACE GAS LINE TO FURNACE	1993	5,057		25	202	202	2,610	10
11	ASPHALT WORK	1994	6,720	56	16	420	364	4,795	11
12	BATHROOM AND COMMON AREA RENOVATION	1994	26,510		8			26,510	12
13	BOILER ROOM AIR UNIT	1994	10,754		10			10,754	13
14	KITCHEN RECEPTACLES	1994	2,081	104	10	104		2,081	14
15	ACTIVITY AREA RENOVATION	1994	19,905		8			19,905	15
16	(40) SECURITY LIGHT FIXTURES	1995	7,600	380	10	380		7,600	16
17	(2) PUSHER PLATES, RECEIVERS & TRANSFORMERS	1995	1,080	54	20	54		567	17
18	(153) PAIRS OF DRAPES	1995	32,900	1,645	10	1,645		32,900	18
19	DOOR ALARM SYSTEM	1995	7,752	710	20	388	(322)	3,912	19
20	UNIT C NURSING STATION	1995	2,700	270	10	270		2,588	20
21	REPLACE KITCHEN PLUMBING VALVES	1995	4,245	424	10	424		4,174	21
22	TILE WALK-IN FREEZER	1995	4,243	212	8		(212)	4,243	22
23	KITCHEN PRESSURE DUMPSTER PAD	1995	1,840	169	10	169		1,840	23
24	REWIRE SMOKE DETECTORS	1996	2,579		8			2,579	24
25	SECURITY SYSTEM	1996	28,298	2,828	10	2,828		26,883	25
26	UNIT D SHOWER RENOVATION	1996	21,625	2,163	10	2,163		19,643	26
27	SEAL PARKING AREAS	1997	7,997	800	16	500	(300)	4,042	27
28	NEW GARAGE/STORAGE BUILDING	1997	12,348	411	30	411		3,190	28
29	AWNING EXTENSION/ROOF	1998	2,769	93	30	93		654	29
30	(12) VARIABLE AIR VOLUME CONTROLERS - UNIT D	1998	11,700	1,170	30	390	(780)	2,828	30
31	KICON REINFORCED WALL BOARDS - KITCHEN	1998	4,092	409	10	409		2,967	31
32	S/S WALL PANEL - KITCHEN	1998	3,700	370	10	370		2,682	32
33	ELECTRICAL WORK - KITCHEN	1998	1,034	104	10	104		750	33
34	TOTAL (lines 1 thru 33)		\$ 7,972,911	\$ 173,413		\$ 181,527	\$ 8,114	\$ 6,079,895	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,972,911	\$ 173,413		\$ 181,527	\$ 8,114	\$ 6,079,895	1
2	EXTERIOR LIGHTING	1998	2,230	74	10	223	149	1,558	2
3	3" VALVES AND PIPING / UNIT E	1998	3,000	300	10	300		2,125	3
4	BUILDING SAFTY UPGRADES	1998	798,672	79,868	10	79,868		525,792	4
5	STRUCTURAL RENOVATION	1999	60,642	2,022	30	2,022		12,297	5
6	FIRE PROTECTION SYSTEM - MAINTENANCE	1999	2,951	295	10	295		1,869	6
7	BURGLAR ALARM SYSTEM - MAINTENANCE	1999	8,330	833	10	833		5,206	7
8	ACOUSTICAL CEILING - KITCHEN	1999	2,000	200	10	200		1,250	8
9	ROOF REPLACEMENT	1999	115,966	5,799	20	5,799		34,790	9
10	CARPETING - CENTER LOUNGE	1999	25,796	2,580	10	2,580		15,478	10
11	STAFF DINING ROOM RENOVATION	1999	4,666	467	10	467		2,800	11
12	REFURBISH FLOOR - SUNDAES BEST	1999	3,275	327	10	327		1,910	12
13	DOMESTIC WATER BACKFLOW	2000	11,501	1,150	10	1,150		5,846	13
14	FOUNDATION STRUCTURAL REPAIRS	2000	57,165	2,858	20	2,858		14,530	14
15	AUTOMATIC DOOR CLOSERS - UNIT A	2000	20,110	2,011	10	2,011		10,323	15
16	REDECORATE UNIT D NURSING STATION	2000	14,665	1,467	10	1,467		7,455	16
17	VARIABLE AIR VOLUMNE BOX - UNIT D	2000	11,700	1,170	10	1,170		5,948	17
18	HVAC UNIT - UNIT D	2000	37,700	3,770	10	3,770		19,164	18
19	INSTALL SIDEWALK	2000	2,730	273	10	273		1,251	19
20	ROOFTOP HVAC UNIT	2001	11,930	1,193	10	1,193		5,170	20
21	BATHROOM FIXTURES	2001	4,200	420	10	420		1,890	21
22	SPECTRUM 60DSEJ DIESEL GENSET GENERATOR	2001	26,627	2,663	10	2,663		10,873	22
23	GATE ALARM ON GARDEN GATE	2002	1,555	156	10	156		544	23
24	FLOOR REPAIRS	2002	15,425	1,543	10	1,543		5,013	24
25	GRNERATOR ADDITION	2002	794	158	5	158		529	25
26	GATED GARDEN	2002	73,300	7,330	10	7,330		25,655	26
27	REPLACE FLOOR IN KITCHEN	2002	2,390	239	10	239		717	27
28	UPGRADE HVAC/ELECTRICAL PANELS	2003	20,920	2,092	10	2,092		5,230	28
29	REPLACE FIRE DOORS	2003	24,350	2,435	10	2,435		6,088	29
30	LIGHTING FIXTURESI	2005	26,922	1,346	5	1,346		1,346	30
31	NEW SIDEWALK	2005	11,500	96	10	96		96	31
32	OTHER ASSETS & IMPAIRMENTS NOT ALLOWED			9,134			(9,134)		32
33									33
34	TOTAL (lines I thru 33)		\$ 9,375,923	\$ 307,682		\$ 306,811	\$ (871)	\$ 6,812,638	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 271,300	\$ 25,975	\$ 25,975	\$	5 TO10	\$ 163,934	71
72	Current Year Purchases	4,189	500	500		5 TO10	500	72
73	Fully Depreciated Assets	729,716				5 TO10	729,716	73
74								74
75	TOTALS	\$ 1,005,205	\$ 26,475	\$ 26,475	\$		\$ 894,150	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	RESIDENT TRANSP.	1997 DODGE RAM VAN	1997	\$ 22,586	\$	\$	\$	6	\$ 22,586	76
77										77
78										78
79										79
80	TOTALS			\$ 22,586	\$	\$	\$		\$ 22,586	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,418,342	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 334,157	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 333,286	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (871)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,729,374	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:      N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?      ☐ YES      ☐ NO
- If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:  
Beginning  
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	\$
13.	/2007	\$
14.	/2008	\$

8. List separately any amortization of lease expense included on page 4, line 34.  
This amount was calculated by dividing the total amount to be amortized  
by the length of the lease

9. Option to Buy:      ☐ YES      ☐ NO      Terms:      \*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?      ☒ YES      ☐ NO
16. Rental Amount for movable equipment:      \$      85,429      Description:      SEE ATTACHED

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18	N/A				18
19					19
20					20
21	TOTAL		\$	\$	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	hrs	\$		\$ 4,846			\$ 4,846	1
2	Licensed Speech and Language Development Therapist	10a	hrs			4,888			4,888	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	hrs			49,271			49,271	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program		1932	60,338			4,466	1,932	64,804	12
13	Other (specify): Medicare Therapy	10a				400,852			400,852	13
14	TOTAL			\$ 60,338		\$ 459,857	\$ 4,466	1,932	\$ 524,661	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.



This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 307	\$ 114,182	1
2	Cash-Patient Deposits	40,729	185,996	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 548,005 )	1,434,503	2,470,396	3
4	Supply Inventory (priced at Cost )	20,574	49,792	4
5	Short-Term Investments		117,892	5
6	Prepaid Insurance	56,489	192,006	6
7	Other Prepaid Expenses	7,478	60,347	7
8	Accounts Receivable (owners or related parties)	1,893,851	8,108,571	8
9	Other(specify): Surety Escrow / See Attached	75,352	970,276	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,529,283	\$ 12,269,458	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		876,458	13
14	Buildings, at Historical Cost		21,948,912	14
15	Leasehold Improvements, at Historical Cost		696,172	15
16	Equipment, at Historical Cost		5,625,823	16
17	Accumulated Depreciation (book methods)		(22,213,455)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Estate Rec / See Attached	152,117	5,459,629	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 152,117	\$ 12,393,539	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,681,400	\$ 24,662,997	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 322,584	\$ 1,452,587	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	48,572	212,129	28
29	Short-Term Notes Payable	100,419	14,149,540	29
30	Accrued Salaries Payable	256,590	882,702	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,130	20,231	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable		121,367	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	Due to Affiliates	4,548,161	24,653,282	36
37	Deferred Revenue		233,216	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,281,456	\$ 41,725,054	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	14,067	151,229	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	Deferred Revenue		116,279	43
44	Other		89,783	44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 14,067	\$ 357,291	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,295,523	\$ 42,082,345	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (1,614,123)	\$ (17,419,348)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,681,400	\$ 24,662,997	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (584,275)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (584,275)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,030,288)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)   Change in Restricted Donations	440	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,029,848)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,614,123)	24 *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Anchorage of Bensenville

# 0014258

Report Period Beginning: 07/01/04

Ending:

06/30/05

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note:** This schedule should show gross revenue and expenses. Do not net revenue against expense.

1		2	
	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 13,395,235	1
2	Discounts and Allowances for all Levels	(6,221,713)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 7,173,522	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,112,224	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,112,224	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	1,286	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	99,061	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	5,857	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	24,157	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 130,361	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions	170,816	24
25	Interest and Other Investment Income***	8,183	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 178,999	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Bus Rental</u>	1,700	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,700	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 9,596,806	30

2		3	
	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	2,303,786	31
32	Health Care	4,584,639	32
33	General Administration	3,011,090	33
	<b>B. Capital Expense</b>		
34	Ownership	590,419	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	13,972	35
36	Provider Participation Fee	123,188	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,627,094	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,030,288)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,030,288)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\* Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,874	2,080	\$ 71,606	\$ 34.43	1
2	Assistant Director of Nursing	1,874	2,080	63,390	30.48	2
3	Registered Nurses	35,374	36,434	979,817	26.89	3
4	Licensed Practical Nurses	21,148	27,527	581,930	21.14	4
5	CNAs & Orderlies	96,852	107,039	1,419,557	13.26	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,874	2,080	37,766	18.16	9
10	Activity Assistants	4,458	5,401	78,140	14.47	10
11	Social Service Workers	8,620	9,566	152,667	15.96	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	5,781	6,529	82,853	12.69	14
15	Cook Helpers/Assistants	40,798	44,471	420,352	9.45	15
16	Dishwashers					16
17	Maintenance Workers	10,649	11,783	159,097	13.50	17
18	Housekeepers	27,382	30,584	240,729	7.87	18
19	Laundry	5,048	5,359	54,394	10.15	19
20	Administrator	2,004	2,080	74,413	35.78	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,874	2,048	40,110	19.58	23
24	Clerical	7,450	8,077	115,343	14.28	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,379	4,747	67,311	14.18	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	277,439	307,885	\$ 4,639,475 *	\$ 15.07	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 189,861	1-3	35
36	Medical Director		27,965	9-3	36
37	Medical Records Consultant	30	1,380	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		1,980	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	1	50	10a-3	42
43	Speech Therapy Consultant				43
44	Activity Consultant	49	2,661	11-3	44
45	Social Service Consultant	24	1,200	12-3	45
46	Other(specify)				46
47	Dental Consultant		3,980	39-3	47
48					48
49	TOTAL (lines 35 - 48)	104	\$ 229,077		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	16	\$ 587	10-3	50
51	Licensed Practical Nurses	3,202	120,996	10-3	51
52	Certified Nurse Assistants/Aides	8	392	10-3	52
53	TOTAL (lines 50 - 52)	3,226	\$ 121,975		53

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

XIX. SUPPORT SCHEDULES								
A. Administrative Salaries		Ownership		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description		Amount	Description	Amount
Kathy Wiggins	Administrator	0	\$ 74,413	Workers' Compensation Insurance	\$	135,335	IDPH License Fee	\$
				Unemployment Compensation Insurance		72,640	Advertising: Employee Recruitment	1,757
				FICA Taxes		347,916	Health Care Worker Background Check	741
				Employee Health Insurance		553,794	(Indicate # of checks performed 106 )	
				Employee Meals			Subscriptions/Reference Publications	1,724
				Illinois Municipal Retirement Fund (IMRF)*			Dues	77
				Life Insurance		15,623	Public Relations	4,244
				Pension(TSA)		11,815	Allocation Schedule VII - B	34
				Staff Medical Exams		4,838	Allocation Schedule VIII - B	360
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 74,413	Accrued Vacation/Employee Relations/Etc.		5,657		
(List each licensed administrator separately.)				Vent. Benefits Reclassified		(11,977)	Less: Public Relations Expense	(4,244)
B. Administrative - Other							Non-allowable advertising	( )
Description			Amount	Allocation Schedule VIII - B		37,763	Yellow page advertising	( )
			\$					
NONE				TOTAL (agree to Schedule V,	\$	1,173,404	TOTAL (agree to Sch. V,	\$ 4,693
				line 22, col.8)			line 20, col. 8)	
				E. Schedule of Non-Cash Compensation Paid			G. Schedule of Travel and Seminar**	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	to Owners or Employees			Description	Amount
(Attach a copy of any management service agreement)				Description	Line #	Amount	Out-of-State Travel	\$
C. Professional Services							AAHSA	1,370
Vendor/Payee	Type		Amount	NONE				
Lifelink Corporation	Mgmt Fee	\$	5,761				In-State Travel	
Lifelink Corporation	Data Processing		82,491					
Lifelink Corp & BHS Corp	Allocated G & A		926,801					
Reingruber & Company	Medicare Consultant		4,560					
Revere HealthCare	A/R & Cost Containment		24,807					
Amex	Billing Review		5,788					
Cain Brothers	Property Appraisal		50,000					
Dart Chart	In-House Training		10,000				Seminar Expense	6,659
Moyra Jones Resources	In-House Training		6,902					
MES/HPSI	Group Purchasing		175				Allocation Schedule VIII - B	855
Michael Best & Fried	Legal		19,055					
Various	Legal		484				Entertainment Expense	( )
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V,	
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 1,136,824				line 24, col. 8)	\$ 8,884

\* Attach copy of IMRF notifications

\*\*See instructions.

**(See instructions.)**

[illegible]

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO

(2) Are there any dues to nursing home associations included on the cost report? NO  
If YES, give association name and amount. \_\_\_\_\_

(3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_

(5) Have you properly capitalized all major repairs and equipment purchases? YES  
What was the average life used for new equipment added during this period? 5-10 YRS

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.    \$ 51,442    Line 10-2

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO  
If YES, give effective date of lease. \_\_\_\_\_

(9) Are you presently operating under a sublease agreement?    YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?    YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.    \$ 123,188  
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? YES For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.    \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ \_\_\_\_\_

(16) Travel and Transportation  
a. Are there costs included for out-of-state travel? NO  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period.    \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? NONE  
d. Have vehicle usage logs been maintained? YES  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES  
g. Does the facility transport residents to and from day training? NO  
Indicate the amount of income earned from providing such transportation during this reporting period.    \$ \_\_\_\_\_

(17) Has an audit been performed by an independent certified public accounting firm? YES  
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. AUDIT HAS NOT BEEN ISSUED

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES

(19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES  
Attach invoices and a summary of services for all architect and appraisal fees.

**BENSENVILLE HOME SOCIETY**

**REPORTING PERIOD   07/01/04 - 06/30/05**

IX INTEREST EXPENSE

FACILITY NUMBE NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	62,721
1995A SERIES	195,179
1998 SERIES	970,017

LETTER OF CREDIT AND OTHER FEES

1989A SERIES	57,430
1995A SERIES	144,776
1998 SERIES	4,000
TOTAL	<u>1,434,123</u>

INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	34.2% OF 1989 BONDS	41,092
	13.2% OF 1995 BONDS	43,924
	8.8% OF 1998 BONDS	85,817
	TOTAL	<u>170,833</u>
ANCHORAGE OF BEECHER	44.5% OF 1989 BONDS	53,477
	11.5% OF 1998 BONDS	111,659
	TOTAL	<u>165,136</u>
PINE ACRES CARE CENTER	30.3% OF 1995 BONDS	100,846
OTHER*		997,308
TOTAL		<u>1,434,123</u>

\* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.



LIFELINK CORPORATION

BENSENVILLE HOME SOCIETY

ANCHORAGE OF BENSENVILLE	#	0014258
ANCHORAGE OF BEECHER	#	0033803
PINE ACRES CARE CENTER	#	0039289

SCHEDULE VII-A

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH EITHER CORPORATION.

SCHEDULE VII-A3

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
Hoyleton Youth and Family Services	Hoyleton	Social Services
Hoyleton Children's Home Foundation	Hoyleton	Fund Raising

BENSENVILLE HOME SOCIETY  
SCHEDUAL VII-B  
6/30/2005

RECAP

VICE PRESIDENT OF HEALTH CARE (020-050)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES		-	-	-	-	-
11	ACTIVITIES	-	-	-	-	-	-
17	ADMINISTRATIVE		-	-	-	-	-
19	PROFESSIONAL SERVICES	3,050		3,050	1,220	915	915
20	FEES, SUBSCRIPTIONS, PROM.	10,084	10,000	84	34	25	25
21	GENERAL OFFICE EXPENSE	1,268	-	1,268	507	380	380
22	EMPLOYMENT BENEFITS & TX.			-	-	-	-
24	TRAVEL AND SEMINARS		-	-	-	-	-
25	OTHER STAFF TRANSPORT.		-	-	-	-	-
34	RENT-FACILITIES & GROUND			-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
	TOTAL	14,402	10,000	4,402	1,761	1,321	1,321
	ALLOCATION %				40.0%	30.0%	30.0%

BENSENVILLE HOME SOCIETY  
INDIRECT COSTS  
SCHEDULE VIII-B  
6/30/2005

RECAP

LINE #	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	-	-	-
17	ADMINISTRATIVE	189,769	91,160	88,914
19	PROFESSIONAL SERVICES	39,152	18,807	18,344
20	FEES, SUBSCRIPTIONS, PROM.	360	173	169
21	GENERAL OFFICE EXPENSE	9,950	4,780	4,662
22	EMPLOYMENT BENEFITS & TX.	37,764	18,141	17,694
24	TRAVEL AND SEMINARS	855	411	401
25	OTHER STAFF TRANSPORT.	214	103	100
26	INSURANCE	-	-	-
34	RENT-FACILITIES & GROUND	-	-	-
35	RENTAL EQUIPMENT	243	117	114
TOTAL		278,306	133,691	130,396
ALLOCATION		16.05%	7.71%	7.52%

LINE #	DESCRIPTION	LIFELINK ADMINISTRATION (010)			LIFELINK BOARD & CORPORATE (020)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	2,251	2,251	-	-	-	-
17	ADMINISTRATIVE	613,160	291,000	322,160	-	-	-
19	PROFESSIONAL SERVICES	3,570	3,525	45	4,700	-	4,700
20	FEES, SUBSCRIPTIONS, PROM.	621	230	391	-	-	-
21	GENERAL OFFICE EXPENSE	17,709	-	17,709	47	-	47
22	EMPLOYMENT BENEFITS & TX.	89,495	42,473	47,022	-	-	-
24	TRAVEL AND SEMINARS	12,739	7,413	5,326	-	-	-
25	OTHER STAFF TRANSPORT.	1,009	-	1,009	-	-	-
26	INSURANCE	-	-	-	4,092	4,092	-
34	RENT-FACILITIES & GROUND	36,053	36,053	-	-	-	-
35	RENTAL EQUIPMENT	1,043	-	1,043	-	-	-
TOTAL		777,650	382,945	394,705	8,839	4,092	4,747

LINE #	DESCRIPTION	LIFELINK BUSINESS OFFICE (030)			LIFELINK SUPPORT SERVICES (080)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	128	128	-	-	-	-
17	ADMINISTRATIVE	598,987	48,138	550,849	159,820	32,503	127,317
19	PROFESSIONAL SERVICES	1,529,808	1,388,144	137,724	229	229	-
20	FEES, SUBSCRIPTIONS, PROM.	1,587	550	1,037	84	-	84
21	GENERAL OFFICE EXPENSE	22,595	-	22,595	918	-	918
22	EMPLOYMENT BENEFITS & TX.	127,118	10,216	116,902	27,857	5,665	22,192
24	TRAVEL AND SEMINARS	1,674	1,674	-	-	-	-
25	OTHER STAFF TRANSPORT.	323	-	323	-	-	-
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	54,672	54,672	-	4,416	4,416	-
35	RENTAL EQUIPMENT	402	-	402	-	-	-
TOTAL		2,333,354	1,503,522	829,832	193,324	42,813	150,511

LINE #	DESCRIPTION	LIFELINK MATERIALS HANDLING (110)			LIFELINK HUMAN RESOURCES (120)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	17	17	-
17	ADMINISTRATIVE	66,183	-	66,183	115,853	-	115,853
19	PROFESSIONAL SERVICES	5,736	-	5,736	21,150	-	21,150
20	FEES, SUBSCRIPTIONS, PROM.	152	68	84	646	-	646
21	GENERAL OFFICE EXPENSE	1,327	-	1,327	8,327	-	8,327
22	EMPLOYMENT BENEFITS & TX.	23,983	-	23,983	25,190	-	25,190
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPORT.	-	-	-	-	-	-
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	804	804	-	22,176	22,176	-
35	RENTAL EQUIPMENT	69	-	69	-	-	-
TOTAL		98,254	872	97,382	193,359	22,193	171,166

LINE #	DESCRIPTION	BHS G&A BOARD & CORPORATE (010-020)			GRAND TOTAL		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	2,396	2,396	-
17	ADMINISTRATIVE	-	-	-	1,554,003	371,641	1,182,362
19	PROFESSIONAL SERVICES	74,580	-	74,580	1,635,833	1,391,898	243,935
20	FEES, SUBSCRIPTIONS, PROM.	-	-	-	3,090	848	2,242
21	GENERAL OFFICE EXPENSE	11,070	-	11,070	61,993	-	61,993
22	EMPLOYMENT BENEFITS & TX.	-	-	-	293,643	58,354	235,289
24	TRAVEL AND SEMINARS	-	-	-	14,413	9,087	5,326
25	OTHER STAFF TRANSPORT.	-	-	-	1,332	-	1,332
26	INSURANCE	1,828	1,828	-	-	5,920	-
34	RENT-FACILITIES & GROUND	-	-	-	118,121	118,121	-
35	RENTAL EQUIPMENT	-	-	-	1,514	-	1,514
TOTAL		87,478	1,828	85,650	3,692,258	1,958,265	1,733,993

**BENSENVILLE HOME SOCIETY**

**REPORTING PERIOD 07/01/04 - 06/30/05**

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET (AFTER CONSOLIDATION)

LINE 9 - OTHER

GRANTS RECEIVABLE	63,777
CONTRIBUTIONS RECEIVABLE	333,922
ASSETS HELD BY TRUSTEE	572,577
	<u>970,276</u>

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	4,498,250
STUDENT LOANS RECEIVABLE	43,689
CASH RESTRICTED FOR STUDENT LOANS	29,789
DEFERRED COSTS AND OTHER INTANGIBLES, NET	658,203
OTHER ASSETS, NET	227,514
DUE FROM AFFILIATED CORPORATIONS	2,184
	<u>5,459,629</u>

**BENSENVILLE HOME SOCIETY**

**REPORTING PERIOD 07/01/04 - 06/30/05**

FACILITY NUMBER NAME

0014258 ANCHORAGE OF BENSENVILLE

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME <u>SOCIETY</u>	(2)  <u>FACILITY</u>	BHS RELATED <u>(1) - (2)</u>
<u>ANCHORAGE OF BENSENVILLE</u>			
REVENUES	34,618,346	9,591,806	25,026,540
EXPENSES	35,587,146	10,627,094	24,960,052
NET INCOME (LOSS) FROM OPERATIONS	<u>(968,800)</u>	<u>(1,035,288)</u>	<u>66,488</u>

**DESCRIPTION OF LINE 24, SCHEDULE V:**

NAME	JOB TITLE	DATE	LOCATION	SEM. TITLE	SPONSOR	COST
IDA HATFIELD TERRY GILTNER JEANETTA OKORO	D.O.N. CARE PLAN COORDINATOR RN	2/15/2005	NAPERVILLE	MS SURVEY-PRESSUR ULCERS	HEALTHCARE NFORMATION NETWORK	\$447.00
MAY RYAN LYNN CIEZKI	IN-SERVICE COOR. NURSING SUPERVISOR	2/23-2/25/05	DOWNERS GROVE	LEAP TRAINING	LSN	\$1,000.00
KATHY WIGGINS IDA HATFIELD ROBIN DECKER CHRISTINE JORNS TERRY GILTNER LYNN CIEZKI	ADMINISTRATOR D.O.N. ACTIVITIES DIRECTOR SOC. SERV. DIR. CARE PLAN COORDINATOR NURSING SUPERVISOR	4/20-4/22/05	CHICAGO	LSN CONFERENCE	LSN	\$787.86
MAY RYAN	IN-SERVICE COOR.	6/1-6/2/05	HINSDALE	DEMENTIA CARE	LSN	\$295.00
MORRISON DIETARY STAFF	DIETICIAN FOOD SERV. DIR.	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	\$3,440.00
ALL OTHER SEMINARS LESS THAN \$250.00:						\$689.00
ALLOCATED COSTS - SCHEDULE VII B:						\$0.00
ALLOCATED COSTS - SCHEDULE VIII B:						\$855.00
SUB-TOTAL						\$7,513.86
OUT OF STATE SEMINARS/CONFERENCES						\$1,370.00
<b>TOTAL</b>						<b>\$8,883.86</b>

**BENSENVILLE HOME SOCIETY**

**REPORTING PERIOD 7/1/03 - 6/30/04**

**XII B. # 16 EQUIPMENT RENTAL (PAGE14)**

1. ARCH COMMUNICATIONS		
PAGERS FOR:		
ACTIVITIES	85.00	
ADMINISTRATION	55.00	
FOOD SERVICE	522.00	
HOUSEKEEPING	238.00	
LAUNDRY	69.00	
MAINTENANCE	746.00	
NURSING	431.00	
		2,146.00
2. MORRISON SENIOR DINNING		
KITCHEN EQUIPMENT		6,479.00
3. CENTRAD		
OXYGEN CONCENTRATORS AND VARIOUS		
OTHER OXYGEN RELATED EQUIPMENT		18,114.00
4. KREG THERAPEUTICS		
VARIOUS MEDICAL EQUIPMENT		31,872.00
5. ORTHOREHAB		
#80 KNEE CPM		110.00
6. MINOLTA BUSINESS SYSTEMS		
COPIER		14,481.00
7. ONTAP		
WATER PURIFICATION		1,206.00
8. LTR CORP.		
ACP EQUIPMENT		10,200.00
13. WEST SANITATION		
CLEANING SUPPLIES		821.00
		85,429.00

FACILITY ID#: 0014258

FACILITY NAME: ANCHORAGE OF BENSENVILLE  
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/04 - 06/30/05

SCHEDULE XIV - EXCEPTIONAL CARE REPORT

<u>RESIDENT NAME</u>	<u>DATES OF SERVICE</u>	<u>NUMBER OF DAYS</u>	<u>ADDITIONAL STAFFING</u>	<u>SUPPLY COST</u>	<u>EQUIPMENT COST</u>	<u>DISPOSAL COST</u>	<u>CONSULTANT TRAINING</u>	<u>TOTAL</u>
GREG BUDINGER	07/01/04- 04/03/05	276	60,388	4,466	13,000	213	1,616	79,683
TOTAL		276	60,388	4,466	13,000	213	1,616	79,683

<u>RN/LPN STAFF AND CONTRACTED</u>							
<u>PAYROLL</u>	<u>HOURS</u>	<u>AVERAGE HOURLY RATE</u>	<u>HOURS PER DAY</u>	<u>DAYS OF CARE</u>	<u>EXCEPTIONAL CARE SALARY</u>	<u>TAX &amp; BENEFIT GROSS UP</u>	<u>EXCEPTIONAL CARE STAFF COSTS</u>
1,683,330	67,179	25.06	7	276	48,411	1.2474	60,388
A	B	A/B=C	D	E	C*D*E=F	G	F*G

TAX AND BENEFIT %      1,147,618 / 4,639,475 =      24.74%



BENSENVILLE HOME SOCIETY

SCHEDUAL XI - LINES 9 & 10

1985 / 1986 ALLOCATION OF RENOVATION COSTS FOR THE CFS BUILDING

CONSTRUCTION COSTS:	<u>1985</u> 1,735,410	<u>1986</u> 133,721	
CURRENT DEPRECIATION:	43,385	3,343	
FACILITY FY 2002:	<u>BENSENVILLE</u>	<u>BEECHER</u>	<u>PINE ACRES</u>
FACILITY OPERATING EXP. (A)	10,627,094	5,103,310	4,980,900
TOTAL OPERATING EXP. (B)	66,207,782	66,207,782	66,207,782
(A) / (B)	16.05%	7.71%	7.52%
1985 COST PERCENTAGE	278,553	133,766	130,557
1985 DEPRECIATION PERCENT.	6,964	3,344	3,264
1986 COST PERCENTAGE	21,464	10,307	10,060
1986 DEPRECIATION PERCENT.	537	258	252

FACILITY ID#: 0014258  
FACILITY NAME: ANCHORAGE OF BENSENVILLE  
A FACILITY OF THE BENSENVILLE HOME SOCIETY  
REPORT PERIOD: 07/01/04 - 06/30/05  
SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

1.	LINE 1 DIETARY	8,207	
	LINE 3 HOUSEKEEPING	1,059	
	LINE 4 LAUNDRY	69	
	LINE 6 MAINTENANCE	746	
	LINE 10 NURSING & RECORD KEEPING	42,613	
	LINE 11 ACTIVITIES	85	
	LINE 21 CLERICAL & GENERAL OFFICE	14,779	
	LINE 39 ANCILLARY SERVICE CENTER	18,114	
	LINE 35 RENT - EQUIPMENT		85,672
	TO RECLASSIFY RENTAL EQUIPMENT TO PROPER ACCOUNTS PER SCHEDULE XII B #16.		
2.	LINE 20 FEES, SUBSCRIPTIONS, PROM.	34	
	LINE 21 CLERICAL & GENERAL OFFICE	507	
	LINE 19 PROFESSIONAL SERVICES		541
	TO RECLASSIFY MANAGEMENT FEES FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		
3.	LINE 41 GIFT & COFFEE SHOP	1,286	
	LINE 2 FOOD PURCHASES		49
	LINE 11 ACTIVITIES		1,237
	TO RECLASSIFY COFFEE SHOP EXPENSES		
4.	LINE 39 ANCILLARY SERVICE CENTER	48,411	
	LINE 10 NURSING & RECORD KEEPING		48,411
	TO RECLASSIFY RN OR LPN TIME TO VENTILATOR CARE BEDS. REPRESENTS NURSING STAFF REQUIRED. AMOUNT COMPUTED BASED ON AVERAGE HOURLY RATE OF STAFF TIME AS DETERMINED BY SCHEDULE XVIII. (7 HOURS X 365 DAYS X 23.96 PER HOUR)		
5.	LINE 39 ANCILLARY SERVICE CENTER	11,977	
	LINE 22 EMPLOYMENT BENEFITS & TAXES		11,977
	TO RECLASSIFY EMPLOYEE BENEFITS AND PAYROLL TAXES RELATED TO VENTILATOR SALARIES IN ADJUSTMENT # 4 ABOVE.		
6.	LINE 39 ANCILLARY SERVICE CENTER	213	
	LINE 6 MAINTENANCE		213
	TO RECLASSIFY COST OF INFECTIOUS WASTE DISPOSAL FOR VENTILATOR PATIENTS.		
7.	LINE 39 ANCILLARY SERVICE CENTER	4,466	
	LINE 10 NURSING & RECORD KEEPING		4,466
	TO RECLASSIFY VENTILATOR SUPPLIES TO PROPER LINE.		

FACILITY ID#: 0014258  
FACILITY NAME: ANCHORAGE OF BENSENVILLE  
A FACILITY OF THE BENSENVILLE HOME SOCIETY  
REPORT PERIOD: 07/01/03 - 06/30/04  
SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

8.	LINE 17 ADMINISTRATIVE	189,782	
	LINE 19 PROFESSIONAL SERVICES		239,168
	LINE 20 FEES, SUBSCRIPTIONS, PROM.	360	
	LINE 21 CLERICAL & GENERAL OFFICE	9,951	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	37,763	
	LINE 24 TRAVEL & SEMINARS	855	
	LINE 25 OTHER STAFF TRANSPORTATION	214	
	LINE 35 RENT - EQUIPMENT	243	
	TO RECLASSIFY ALLOCATED MANAGEMENT AND GENERAL COSTS FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		

RECAP ABOVE ENTRIES

	LINE 1 DIETARY	8,207	
	LINE 2 FOOD PURCHASES		49
	LINE 3 HOUSEKEEPING	1,059	
	LINE 4 LAUNDRY	69	
	LINE 6 MAINTENANCE	533	
	LINE 10 NURSING & RECORD KEEPING		10,264
	LINE 11 ACTIVITIES		1,152
	LINE 17 ADMINISTRATIVE	189,782	
	LINE 19 PROFESSIONAL SERVICES		239,709
	LINE 20 FEES, SUBSCRIPTIONS, PROM.	394	
	LINE 21 CLERICAL & GENERAL OFFICE	25,237	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	25,786	
	LINE 24 TRAVEL & SEMINARS	855	
	LINE 25 OTHER STAFF TRANSPORTATION	214	
	LINE 35 RENT - EQUIPMENT		85,429
	LINE 39 ANCILLARY SERVICE CENTER	83,181	
	LINE 41 GIFT & COFFEE SHOP	1,286	